

## REQUEST FOR TRAINING AT NON-CIA FACILITY

(Forward original and 2 copies to OTR; 4th copy for retention)

NOTE: See

For professional full-time instruction, attach separate sheet showing academic background and professional experience.

25X1

TO: Director of Training

ATTN: Registrar

1. NAME (First, Middle, Last)

25X1A9A

2. GRADE

GS-15

3. AGE

1917

4. SEX

☒ MALE☐ FEMALE

5. TITLE

Special Assistant  
to Director of Security

6. LENGTH OF CIA SERVICE

May 1947

7. OFFICE OR STAFF

Office of Security

8. DIVISION

9. EXTENSION

25X1

10. NAME AND LOCATION OF NON-CIA FACILITY

Brookings Institution, Washington, D. C.

12. TITLE AND BRIEF DESCRIPTION OF COURSE(S) TO BE TAKEN

Brookings Federal Executive Fellowship

13. SPECIFIC OBJECTIVES AND LEVEL OF PROFICIENCY TO BE ATTAINED (Relate to assignment)

Preparation of a handbook of sources of information available  
to the Federal Investigator.

14. IF REQUESTED TRAINING INCLUDES LANGUAGE TRAINING, SUMMARIZE PREVIOUS LANGUAGE TRAINING AND EXPERIENCE (Dates and places)

## 15. ESTIMATED EXPENSES (Consult OTR for details)

\$

REGISTRATION, TUITION, FEES

TRAVEL, PER DIEM

OTHER

\$

TOTAL

16. IS REQUESTED TRAINING INCLUDED  
OFFICE'S ESTIMATE OF EXTERNAL TRAINING  
REQUIREMENTS FOR APPROPRIATE  
FISCAL YEAR?

YES

☒ NO

17. REQUESTER PAID FROM

☒ VOUCHERED FUNDS☐ YES

IF "YES" SPECIFY

☐ CONFIDENTIAL FUNDS☒ NO

18. REQUESTER HAS COVER

19. REQUIRES COVER

☐ YES☒ NO

20. I INTEND TO MAKE CIA A CAREER: IF REQUIRED I WILL SIGN A TRAINING AGREEMENT

SIGNATURE OF REQUESTING INDIVIDUAL

DATE

21. CAREER SERVICE BOARD APPROVAL OF THIS REQUEST

s

DATE

25X1A9A

22. THE REQUESTED TRAINING IS CONSIDERED TO BE IN CONSONANCE WITH THE GOVERNMENT EMPLOYEES TRAINING ACT

s

DATE

23. CCD CONCURRENCE (Only if item 18 or 19 is affirmative)

SIGNATURE OF CHIEF, CCD

DATE

24. OTR APPROVAL

SIGNATURE OF DIRECTOR OF TRAINING

DATE